

4240

V. S. No. 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|--|--|--|--|
| 1. County of <u>Pima</u> | BUREAU OF VITAL STATISTICS | State Index No. <u>3942</u> | |
| District of <u>Davidson</u> | ORIGINAL CERTIFICATE OF BIRTH | Co. Registrar No. _____ | |
| Town of _____ | | Local Registrar No. _____ | |
| or | | | |
| City of <u>Tucson</u> | No. <u>R. P. D. 2.</u> | St. _____ | Ward _____ |
| (If birth occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| 2. Full name of child <u>John Lavar James</u> | | If child is not yet named, make supplemental report, as directed | |
| 3. Sex of child <u>male</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 6. Legitimate? <u>yes.</u> |
| 5. No., in order of birth <u>5</u> | | 7. Date of birth <u>Dec. 25, 1921.</u> | (Month, day, year) |
| 8. FATHER | | 14. MOTHER | |
| Full name <u>Joseph Henry James</u> | | Full maiden name <u>Rhoda May Nelson James</u> | |
| 9. Residence (Usual place of abode) <u>Tucson</u> | | 15. Residence (Usual place of abode) <u>Tucson</u> | |
| If nonresident, give place and State | | If nonresident, give place and State | |
| 10. Color or race <u>American</u> | 11. Age at last birthday <u>32</u> (Years) | 16. Color or race <u>American</u> | 17. Age at last birthday <u>31</u> (Years) |
| 12. Birthplace (city or place) <u>Colonia Diaz</u> | | 18. Birthplace (city or place) <u>Leave Valley</u> | |
| (State or country) <u>Chih. Mex.</u> | | (State or country) <u>Chih. Mex.</u> | |
| 13. Occupation <u>Farmer</u> | | 19. Occupation <u>Housewife</u> | |
| Nature of Industry | | Nature of Industry | |
| 20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) | | (a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____ | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | |
| I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 A.</u> m. on the date above stated. | | | |
| (Born alive or stillborn) | | | |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. | | Signature <u>Mrs. Louisa Dore</u> | |
| | | (Physician or midwife) | |
| Address <u>Tucson, Ariz. R. D. 2. Box 131.</u> | | | |
| Given name added from a supplemental report _____ | | Filed <u>10-28</u> , 19 <u>22</u> <u>A. J. Schmalz</u> | |
| (Month, day, year) | | Local Registrar. | |
| <u>112-1225-955</u> | | County Registrar. | |
| Registrar. | | | |